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ABSTRACT

This manual is intended to assist health occupations education (HOE) teachers in planning clinical experiences for their students. Addressed in the individual sections of the guide are the following topics: the purpose, philosophy, and legal aspects of clinical experiences in HOE; the HOE clinical structure (teacher qualifications, the role of the teacher/coordinator, advisory committees, and sample models of clinical experiences in HOE programs); clinical agencies (health agencies, community surveys; occupational analysis, training agreements, and training plans); selection of students (student occupational objectives, age, grade-point average, faculty recommendations, student-parent agreements, standards and dress codes, transportation, and student costs); placement of students in health agencies (conduct guidelines, resumes, letters of application, student certification, coordination visits, and student folders); evaluation of clinical experience (teacher/coordinator, on-site supervisor, and student evaluation, as well as clinical agency evaluation of the HOE program); and completion of the clinical component of the program (competency profiles, certificates of completion, agency/student recognition, and planning and revisions). Lists of references and suggested readings are provided. Appendixes, which comprise more than half of the manual, include 28 forms and information products that may be adapted to individual programs. (MN)

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Health Occupations Education

GUIDELINES FOR CLINICAL EXPERIENCES IN HEALTH OCCUPATIONS EDUCATION

Center for Vocational and Adult Education
College of Education
Auburn University
Auburn, Alabama

Alabama State Department of Education
Health Occupations Education
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GUIDELINES FOR CLINICAL EXPERIENCES IN HEALTH OCCUPATIONS EDUCATION

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Preface

Guidelines for Clinical Experiences in Health Occupations Education (HOE) was written in response to a need to provide prospective teachers, currently employed teachers, and other health occupations personnel with a text to assist in planning clinical experiences. The text includes information and forms which may be adapted to a particular program.

The Health Occupations Education program requires clinical observation and work experience as a component of the curriculum for students enrolled in HOE. The experiences must be well planned and coordinated through simulated classroom activities and clinical experiences according to availability of health agencies and the ability of the HOE students.

It has become increasingly more difficult to simulate work experiences in the HOE classroom due to the expanding technology in the health delivery system which requires new equipment and professional development of teachers. Therefore, the HOE clinical component of the curriculum is an extension of the classroom experiences into the community health agencies to meet the training needs of students.

Placing the HOE student in health agencies for "hands-on" work experiences has proven to be a challenge due primarily to the lack of understanding of Health Occupations Education programs. The success of the clinical component depends on the ability of the teacher to explain the program and plan organized, coordinated experiences between the HOE program and the health agencies in the community.

The content and organization of this text provides information on Introduction to Clinical Experiences, HOE Clinical Structure, Clinical Agencies, Selection of Students, Placement, Evaluation of Clinical Experiences and Completion of Program. In addition, a glossary and a list of references has been provided to supplement the information.

The appendices include samples to assist teachers to design appropriate forms to meet the needs of the program. These include forms such as liability insurance, occupational analysis, training agreement, student/parent agreement, uniform and dress code, conduct guidelines, release of liability, student occupational objectives, weekly report, schedule of instructor visits, sample training plan, and evaluation of student and program.

Educators and students should find this textbook a valuable aid in planning and organizing clinical experiences for the HOE program. The book can also be used as a reference for other program areas.

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SECTION I

INTRODUCTION TO CLINICAL EXPERIENCES

The Health Occupations Education (HOE) Course of Study provides for planned, coordinated experiences in an appropriate health agency. The HOE student should visit in health agencies for clinical observations as a first-year student to enable the student to make a tentative occupational choice. In addition, selected second-year students should be placed in health agencies for clinical experiences to observe, assist, or perform basic skills. These basic skills can prepare the student for entry-level employment or to articulate into a postsecondary institution for further training.

An alternative program for planned coordinated experiences which may be provided for the student is the cooperative (co-op) education program. The student should have completed an HOE I program which includes the essential skills necessary to enter the co-op program. In addition, the student should be at least a junior, enroll in related instruction taught by an HOE teacher, and must complete a total of 450 hours of supervised work experience in a health agency during the calendar year. The HOE teacher must be a certified teacher-coordinator to supervise the clinical work experience. The certification may be obtained by completion of a baccalaureate degree in HOE (Class B) which includes the coordination requirements or completion of the Health Occupations Education Teacher-Coordinator Certification (K-6).

Philosophy

The HOE program is designed to provide opportunities for students to develop knowledge, skills, and attitudes that will contribute to a

successful and satisfying health career. A student may either reach or exceed the standards set by the health profession for entry-level employment and/or the requirements set by postsecondary institutions for entrance into their programs.

This program is designed for any student who has the aptitude and interest for a career in the health field. Careful assessment of potential students by counselors and teachers should be administered to ensure that the student has the ability and interest to benefit and succeed in the HOE program. A high percentage of appropriate placement should be provided by the HOE program and assist in meeting the manpower needs of the local area. However, no student should be denied the opportunity to participate in a vocational education program because of sex, race, creed, color, or social economic status.

An essential component of the HOE program is well-planned, coordinated clinical experiences in community health agencies. It is necessary for a student to observe health workers to appreciate the importance of professionalism regarding attitude, grooming, attendance, ethics, and knowledge of skills in the health care delivery system. Therefore, these standards are taught in the HOE classroom and reinforced by practice in a clinical setting.

Students are not assigned to the clinical experience segment of the program until the teacher determines they are competent in theory, attitude, and basic skills in chosen occupational areas. This is required because of legalities, liabilities, and responsibilities of professional health workers and patient's rights. If a student decides to change a chosen occupational objective, he/she must also complete the competencies in the new area as determined by the teacher.

Program Description

The HOE Course of Study provides for planned, coordinated, individualized activities which include clinical experiences. These activities and experiences may be acquired through simulated classroom activities and clinical experiences in available community health agencies. The community health agencies can provide the students with opportunities to observe health workers in action and further develop competencies in the performance of health care skills.

Purpose of the Program

The purposes of the HOE program are to:

- introduce the student to the health care system and to those occupations within the health agencies;
- acquaint the student with selected specific tasks in various health occupations; and
- produce graduates who are occupationally prepared for entry-level employment in supportive health occupations or educationally prepared for acceptance in a postsecondary program.

Objectives of HOE Clinical Experiences

The objectives of HOE clinical experiences are to:

- expose the student to current careers, equipment, and technology utilized in the health care delivery system;
- provide the student an opportunity to efficiently perform skills which are taught in the HOE classroom and practiced in the health agency;
- introduce the student to the responsibilities of a health career and demand demonstration by overt action, the willingness to abide by health facility rules and regulations;
- ensure that utilized agencies accept the developmental level of the individual and allow for growth through counseling and guidance, performance of skills, and possible employment;
- ensure the student is offered an orientation designed to give the clearest possible explanation of the clinical area; and
- teach students that safety is a vital part of all clinical areas, as well as the classroom situation.

Legal Aspects

Before HOE students are assigned to clinical experiences, the teacher should become familiar with the Alabama State Plan for Vocational Education and the Alabama Vocational Standards for Quality Programs in Secondary Schools. In addition, the local Board of Education should assure that students are protected from malpractice and negligence liability through an agreement between the school system and health agency and through student liability insurance policies. A liability policy may be obtained through the State HOE Program Specialist by completion and submission of the State Department of Education Liability Insurance Enrollment Form (Appendix A).

If the HOE teacher has an approved Cooperative Education Program, the Child Labor Law Regulation should be reviewed and monitored carefully before placement of students for employment in clinical agencies. Regulations regarding age, number of hours, time of day, and other legal considerations may be obtained from the United States Department of Labor.

The local school or Board of Education should also provide an appropriate Student Information Release Form for each student which is kept on file (Appendix B). A release signed by parent and student enables the school to release information without violating confidentiality to a potential employer, if requested. The employer may be interested in the skill achievement level, courses completed, or absences of a student.

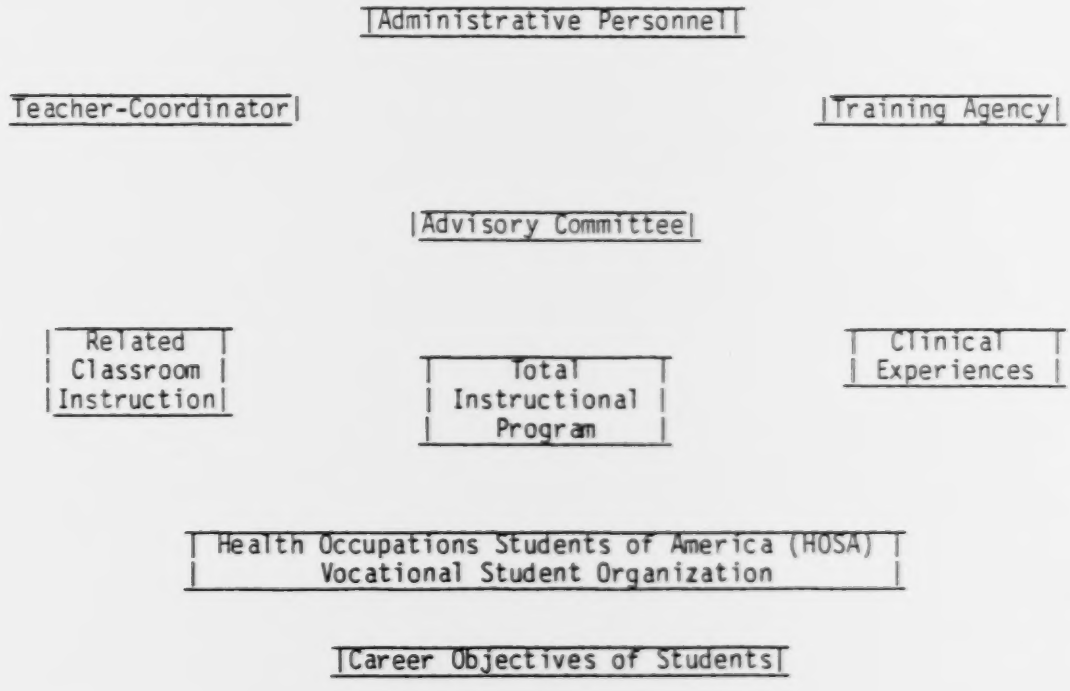
SECTION II

THE HOE PROGRAM CLINICAL STRUCTURE

The HOE teacher needs to understand the relationship of the clinical experiences to the total instructional program. Administrators, counselors, teacher-coordinator, training agencies, advisory committee, vocational student organization, and related classroom instruction influence the career objectives of students. The following flow chart illustrates how the clinical experiences are integrated in a systematic cooperative manner to achieve the purposes, goals, and objectives of the HOE program (Figure 1).

Figure 1

Relationship of Clinical Experiences to the Total HOE Program



Teacher Academic Qualifications

The teacher is required to meet certain academic qualifications to teach in the HOE program. A baccalaureate degree in HOE is available at Auburn University, Auburn, Alabama, and the University of Alabama at Birmingham. These programs are designed to prepare the prospective teacher with the necessary skills to establish and maintain a quality HOE cluster or cooperative education program and to obtain the professional (Class B) teaching certificate.

If a local school board has a vacancy in the HOE program for a teacher and a teacher with the professional (Class B) teaching certificate is not available, the position may be filled by a health practitioner. This is an alternative the board may use due to the lack of degree graduates. The health practitioner must have a current license as a result of completing a health occupation training program which was a minimum of two years, and have recent work experience.

The health practitioner may obtain the non-professional teacher preparatory certificate (K-2) and/ or the Teacher Coordinator Certificate (K-6) by completion of the required courses and work experience. Information regarding certification courses may be obtained from the Teacher Certification Department of the Alabama State Department of Education in Montgomery, Alabama.

Teacher Personal Qualifications

In order to qualify adequately for the challenging position of HOE teacher, many personal attributes are necessary. These may include:

- the desire, ability, interest, and willingness to obtain thorough educational preparation for teaching in this field.
- the ability and desire to follow instructions carefully and promptly.

- the ability to work successfully with people;
- a natural interest in and desire to give guidance to youth and adults;
- the ability to give group and individual instruction on high school and adult level;
- the ability and willingness to conform to generally accepted standard of the school and community;
- the ability to carry out school policy effectively;
- the ability to represent the school effectively in contacts made with management in the community;
- the ability to present vocational education as part of the total educational system;
- the ability to analyze occupations and to prepare students for employment in these occupations;
- the ability to aid each student in the personality adjustment necessary to get along with others and to follow directions;
- the ability to develop in each student pride in work and desire for advancement as a reward for achievement; and
- the desire and interest to continue personal and professional development to keep up to date on current practices in the health delivery system.

Role of the HOE Teacher or Coordinator

The HOE Teacher is a qualified individual who is employed to coordinate the efforts of the school, employers, home, and students. The teacher must assist the students in discovering their potential, selecting realistic occupational goals, entering programs of occupational training, and succeeding in their chosen occupations. It should be emphasized that the principal duties and responsibilities of the teacher are to the: 1) students, 2) employers, and 3) school administrators.

Responsibility to the Student

The HOE teacher has a responsibility to the student to:

- explain the purposes and operational procedures of the HOE program;

- make available proper information about occupations and occupational trends;

- assist in making a realistic occupational choice based on understanding and the opportunities available;

- make proper placement and supervise training;

- provide proper training plan, in cooperation with employer, for each student;

- prevent exploitation;

- establish progress and permanent record systems;

- provide adequate reference materials for directly and indirectly related study; and

- create an atmosphere for motivation and learning.

Responsibility to the Employer

The HOE teacher has a responsiblity to the employer to:

- interpret purposes and operational procedures of the HOE program;

- recommend students who will benefit from training in the health agency and supply necessary manpower demand;

- develop a training plan (including related instruction) with the employer;

- justify placement;

- strive to develop proper attitude of student toward job, employer, and co-workers;

- provide students with the proper instruction in related subjects;

- adjust schedules if necessary;

- transfer students, if necessary; and,

- implement a systematic plan of coordination and supervision.

Responsiblity to Administrators, Counselors, and Faculty

The HOE teacher has a responsibility to the administrators, counselors, and faculty to:

- develop and maintain a clear understanding of the purpose and plan of the program with administrative staff, counselors, and faculty;

- work in close harmony with school administration.

- strive to plan cooperatively with school administrators to promote financial support of program; and

- complete professional development which provides basic clinical skills as listed on the Competency Profile.

Advisory Committee

An advisory committee should be established for all vocational program areas within the school and for each program area to assist and advise educators in planning and evaluating program operating policies and suggesting changes as needed. The committee should provide a link between the community and the school, devise ways to interpret the program to the community, and recommend and assist in assessing training situations for the student. It is also important that they review curriculum content, equipment and materials to assure they are in keeping with current practices in the occupational field.

The advisory committee should consist of a group of employers and employees from the community outside the field of education. Educators, counselors, students, or other personnel associated with health care may also be utilized, based upon recommendations and approved by the administration.

The advisory committee should function according to the established bylaws (Appendix C). Membership terms should be flexible to allow for new members, while retaining the expertise and knowledge of experienced members. The advisory committee officers should be elected by the membership and should include a chairperson, vice-chairperson, and a secretary.

The committee size should be based upon the local needs of the community, size of the program, and established committee functions. The number of meetings should be determined on a consensus basis by the committee members with at least two meetings held each year. An agenda should be formulated and distributed to the committee members prior to the scheduled meetings. Minutes should be taken at each meeting by the secretary and distributed to committee members through the school. An annual report should be submitted to the local school administrator with recommendations for improving the vocational program.

A well-organized advisory committee can be a valuable asset to the vocational program if established goals and objectives for its operation are developed. Various problems facing educators can be reduced through the use of advisory committees. If educators and employers/employees from outside the field of education work closely together to meet the supply and demand for skilled, trained manpower, the community can be assured a more stable economy.

SAMPLE MODELS OF CLINICAL EXPERIENCES IN HOE PROGRAMS

HOE programs are located in the Area Vocational Centers (AVC) or Comprehensive High Schools (CHS). In some instances, the AVC may be located near the CHS which allows additional flexibility in program planning.

Area Vocational Center

The characteristics of an HOE program in an AVC are primarily determined by the location of the school which is in a central area accessible to feeder schools. The amount of block time allocated for transportation from feeder schools, the number of students in the class, the availability of clinical laboratory facilities, and the accessibility of

clinical agencies for clinical observation and experience are variables which must be considered in the implementation of the HOE program in an AVC.

Comprehensive High School

The HOE program in a CHS is designed for students within the high school and should allow flexibility to meet the needs of the students. Usually, the students enrolled in HOE I and HOE II are scheduled in separate classes. However, it is possible that students may not be able to schedule a class separately. This may be the result of complex administrative scheduling problems. This may also present a problem in placing students in the health agencies for clinical experiences if HOE and HOE II students are scheduled during the same class period.

HOE I Model

The HOE I program in the AVC and the CHS should include basic clinical skills common to many health occupations as stipulated in the Alabama HOE Course of Study and the HOE Vocational Competency Profile. The academic and classroom laboratory curriculum should prepare the student for clinical observation in a health agency in the latter part of the first year. The clinical observation should provide selected students an opportunity to observe various health workers on-the-job within a health care agency. Task performance within the clinical agency is not included in the program at this time. Varied academic instruction and clinical observation enable students to determine an occupational choice for enrollment in HOE II.

HOE II Model

During the HOE II program students begin to specialize in a specific health occupation and participate in assignments in the

classroom, laboratory, and clinical experiences. These activities should be coordinated to reflect the students occupational choice(s).

Performance of tasks as determined by an occupational analysis and upon agreements between the school and the health agencies should be the basis for the HOE II clinical experiences. The length of time a student may spend in a clinical agency should be followed according to the established policy of the Alabama State Department of Education. A student should not be allowed to remain in a clinical setting if quality instruction and appropriate experiences are not being provided.

The teacher in the HOE program should consider several alternative models before developing an HOE program. Sample models are shown in Table 1.

Implementation of Program

Problems in scheduling separate classes for HOE I and HOE II programs may occur. They usually are the result of the following factors:

- lack of understanding the goals, objectives, scope and sequence of the HOE program by counselors and administrators; and
- Limited enrollment of different levels of students.

The HOE teacher must continuously educate others as to the purpose of the program and the importance of proper scope and sequence. Enrollment must be kept at a maximum to ensure sufficient numbers for separate classes.

However, there are restraints in scheduling that cannot realistically be eliminated by the HOE teacher. The following are possible solutions for offering clinical experiences if HOE I and HOE II students are scheduled during the same time frame. The HOE teacher may:

- Arrange to take HOE I students to the clinical site for instruction or clinical observation (which is offered the first

year) during the time that the HOE II students are at the various health agencies.

- Arrange an agreement with the health agency to allow the HOE II students to obtain clinical experience through the buddy system (assign a student to a particular health practitioner to assist or observe).

- Consult with the school administration to provide a substitute teacher at least one day a week.

- Arrange for students to complete assignment in the library or in another classroom with a supervising teacher.

- Consult with school administration to eliminate future scheduling problems.

SECTION III

CLINICAL AGENCIES

The success of the clinical component of a health occupations program is dependent upon developing and maintaining community involvement. Health agencies should be identified for possible clinical assignments for the students.

List of Health Agencies

The HOE teacher must develop a list of health agencies which have agreed to cooperate with the program and provide clinical experiences such as:

Hospitals

Business Office
Blood Bank
Cardio-Pulmonary Services
Emergency Room
Medical Laboratory
Medical Records
Nursery
Nursing Care Services
Operating Room
Pharmacy
Physical Therapy
Radiology
Respiratory Therapy
Unit Coordinator (Ward Clerk)

Other Health Agencies

Dental Office
Family Practitioner
Mental Health/Mental Retardation Center
Public Health Department
- Well-Baby Clinic
- Medic Aid Screening

Veterinary Clinic

Community Organizations

American Cancer Society
American Dental Association

American Dental Health Bureau
American Heart Association
American Lung Association
American Red Cross
Lions Club/Physicians
Scoliosis Research Society

In addition, a community survey and an occupational analysis, can provide valuable information for the HOE Program. This data should assist the HOE teacher to develop the training agreement and a training plan in cooperation with the prospective health agency.

The Community Survey

The community survey provides the HOE teacher with information related to community employment needs, specific skills required in a health occupation, and possible placement in part-time and/or full-time employment by agencies completing the surveys. The survey can be completed by mail, instructor on-site visits, or by selected students as a part of the job skills unit. A cover letter from the HOE program should be included with the community survey form which is mailed to the health agencies (Appendix D, E). The teacher can also develop a brochure to use as an additional aid for introducing the HOE program to the prospective employer (Appendix F).

The Occupational Analysis

The community survey results can be used to assist the teacher to develop an occupational analysis. The occupational analysis lists the tasks to be completed by the student for a particular occupation in a given geographical area. The occupational analysis (Appendix G) will provide significant data to aid the teacher in developing a chart to monitor student progress in the clinical laboratory. In addition, a competency profile to record student progress in an occupational area is available from the State Department of Education.

The Training Agreement

A training agreement should be developed and signed by the appropriate personnel in the school system according to local school policy, the health agency, and the health occupations program. The agreement should include a statement of mutual understandings. The training agreement should include information concerning the school, agency, student responsibilities, training period, and provisions for continuing affiliation the following year (Appendix H).

The Training Plan

The training plan is an informal contract between the health agency and the HOE Program concerning the responsibilities for the student's training. The health agency, in coordination with the HOE teacher, will identify tasks to be assigned to the students in the various clinical areas.

The teacher and health agency may use the Occupational Competency Profile for the Health Occupations Education Program: Health Agency Assessment (Walters, 1984) and the HOE Vocational Competency Profile as a guide to determine the tasks performed by HOE students in clinical agencies throughout the state. The teacher must work within the limitations imposed by the clinical agency and the HOE Course of Study. In addition, the teacher should use the Occupational Competency Profile for the Health Occupations Education Program: Teacher Self Assessment (Walters, 1984) and the HOE Vocational Competency Profile to determine if additional training should be obtained by the teacher in order to provide the appropriate experiences for the students.

The training plan may include major tasks to be completed, major equipment to be used, the student occupational objective, related information for classroom instruction, and specific statements of responsibilities and duties of the student, teacher, and clinical supervisor. The

training plan may be signed by the student, teacher, clinical supervisor, and sometimes the parent. The training plan should be evaluated and revised periodically to ensure a quality training program is provided to meet the individual needs of the student (Appendix I).

SECTION IV

SELECTION OF STUDENTS

Students should not be selected for clinical assignments in the HOE program until determined competent by the HOE teacher. The student should be competent in basic theory and skills, must demonstrate a professional attitude, ethical behavior, and proper grooming.

Student Occupational Objective

Each student should begin to identify a health career occupational objective after completing HOE I which includes clinical observation during the latter portion of the first year. After the student has made a decision, the Statement of Occupational Objective Form should be completed and placed in the student file (Appendix X). Actual clinical experiences in HOE II should reinforce the career choice of the student, and opportunities should be provided to investigate other health careers, if necessary.

Age

The student enrolled in the HOE program must be 16 years of age before they are assigned to clinical experiences in HOE II. However, this does not include the students in the clinical observational rotations in HOE I. State regulations also require the student to be 18 years of age before being allowed to observe or work in areas of x-ray radiation.

Grade Point Average

Each student enrolled in the HOE program is a candidate for clinical experiences and should maintain at least a 2.5 grade point average. This grade is based on a 4 point scale.

Faculty Recommendations

Faculty recommendations may be desired for students participating in the HOE program and clinical experiences. The number of references should be determined by the teacher (Appendix J). The teacher may also request the counselor complete the Profile of Candidate for HOE Program Form (Appendix K) on each student who has an interest in the program.

Student/Parent Agreement

There are responsibilities the student and parents must accept and agree upon before the student is placed in clinical observation and experiences. The student and parents should sign the Student-Parent Agreement Form when the student enters the HOE program (Appendix L).

Standards, Uniform and Dress Code

Each student enrolled in the HOE program and/or pursuing a postsecondary training program must understand that he/she is entering one of the most difficult, yet rewarding fields that can be chosen. Those in the health profession give unselfish devotion to the care of the physically and mentally ill. The job will be much easier if undertaken with a cheerful, patient, understanding and professional attitude, and an awareness of the patient's needs. The work is hard, but the reward will be the personal satisfaction that comes from helping to make others well. Each day, each student represents the HOE program and the school, and is expected to be in full uniform. The public opinion of the program will be greatly influenced by their impression of the student. In order to benefit the student, the school, and the HOE program, each student must quickly adapt to the high standards of professionalism.

Each HOE program should determine the appropriate uniform and dress code for the clinical experiences as stipulated by the health agencies

(Appendix M). Careful attention should also be given to apparel worn under the approved uniform. If the school purchases the uniform and other items, students and parents should sign a Student-Parent Responsibility for School Property Form (Appendix N).

Transportation

Transportation of students to and from clinical sites has been and continues to be a major problem. Local administrators should be involved in the planning of clinical experiences and should strongly support this as a required component of the HOE Course of Study. This support would include evaluating the local situation to determine the most effective means of transportation for students to and from clinical agencies.

One alternative would be for the school to provide transportation according to the Alabama Vocational Education Standards (1982) which states:

> transportation shall be provided vocational education students for planned off-campus groups instructional activities, as approved by the local administrative agency (p. 15).

If a vehicle is furnished by the local school system, the teacher must obtain the appropriate license to operate the vehicle. This is required for liability coverage. A second alternative would allow the students to provide their own transportation. A Vehicle Permit and Release of Liability for Transportation Form (Appendix O) should be obtained which includes the release against student drivers when students share rides in a car pool. This is the less desirable alternative.

A third alternative may allow the teacher to provide transportation for the students. If this alternative is used, the teacher should budget, keep accurate records, and obtain reimbursement for mileage. Appropriate liability coverage is also necessary for the teacher's vehicle when transporting students.

A fourth alternative may be to secure an agreement with community organizations to provide transportation for the students. These may include non-profit organizations such as Youth in Action and Transportation for the Elderly.

Student Cost

Student and parents should be aware of program costs before students are accepted into the HOE program. It is common for an annual laboratory fee of at least $20.00 to be established with the approval of the administrator. A program budget should also be planned by the administrator which would consider the cost of student uniforms, transportation, equipment, supplies, banquet and other appropriate costs.

SECTION V

PLACEMENT OF STUDENTS IN HEALTH AGENCIES

The clinical agency should provide the student with the opportunity to learn and to foster career development through observing, assisting, or performing a skill. The student selected for the clinical experience must meet the predetermined education and experience qualifications and work toward the achievement of the chosen career objective.

The student in HOE II should be assigned to a clinical site upon satisfactory completion of competencies approved by the teacher. Each student should be placed in a health agency two to three days a week during the second semester for observational rotations and/or performance of skills. A minimum of 50 hours and a maximum of 200 hours of clinical time should be provided for each student. Flexibility in these hours should only be made for exceptional students.

The student selected for the HOE co-op program should work a minimum of 15 hours each week with a maximum of 20 hours each week. A total of 450 hours a school calendar year is required under the present guidelines.

CONDUCT GUIDELINES

The teacher and health care agency professionals should require high standards of conduct in the clinical setting. The student represents the HOE program and the school, and the Conduct Guidelines Form should be signed by the student and the parent before assignment to the clinical area (Appendix P).

The health agency should also be consulted to determine the rules of behavior which apply to the students during clinical experiences.

The following information may be included in the conduct guidelines:

- attend orientation for the assigned health agency;
- work in proper uniform as determined by the HOE program and the health agency;
- wear name tag, HOE Emblem (not HOSA Emblem) and limited jewelry;
- wear clean clothes and be neat in appearance without perfumes;
- wear make-up sparingly and do not apply while in the clinical area;
- refrain from chewing gum within the health agency;
- refrain from smoking, eating, or drinking in clinical area;
- refer problems to immediate supervisor and teacher;
- show accountability by documenting work time on time sheet;
- address all doctors and other personnel by proper title;
- notify the teacher and clinical supervisor of the agency immediately if late or absent from the clinical experience;
- respect and be cheerful towards all patients, visitors and co-workers; and
- keep all information confidential concerning patients or hospital personnel.

Resume

Each HOE student should develop a resume for the classroom file. Clinical experiences will allow the student to list valid experiences on the resume which will be important to an employer. A good resume should immediately give the prospective employer a brief summary of accomplishments, educational background, work experience, skills and job objectives of the student (Appendix Q).

Letter of Job Application

The letter of application should specify qualifications while resumes give general background information (Appendix R). The letter of application is basically a sales letter and should be written to submit with the

resume. The letter should capitalize on academic and personal preparation by tailoring the information to fit the job the student is seeking. The student must demonstrate to the employer that he/she possesses the particular personal qualities, abilities, and skills required in the health agency and must make the employer feel that the student is needed.

Physical Examination

A physical examination and PPD skin test are required by most health agencies before the student can enter the clinical setting (Appendix S). The local Health Department may assist with this requirement.

Release of Liability

When students are enrolled in the HOE program, the classroom instruction will be integrated with clinical experiences. The student and the parents must sign a Release of Liability Agreement Form which stipulates a release from any and all liability incurred during the hours of classroom, laboratory, clinical experience, or observation in the HOE program against the teacher, school administration, school board of education, and health agency (Appendix T).

Student Certification/Competencies

The student should be certified in at least three specific areas: Cardiopulmonary resuscitation (CPR), First Aid, and Vital Signs. These can be obtained through the HOE teacher who must be a certified instructor through the American Red Cross. The teacher may also receive CPR certification through the American Heart Association. The student must possess certain other clinical competencies before entering the clinical experience. These are listed in the HOE competency profile for each student. The HOE teacher is responsible for teaching and documenting these competencies as they are completed.

Coordination Visit

The HOE teacher must have a coordination visit with each agency where the students are to be placed for clinical experiences. The following items should be discussed and arranged during this meeting:

- student/employer agency orientation;
- student interview if desired;
- liability coverage;
- supervision arrangements;
- Student Rotation Form and hours involved (Appendix U); and
- student and agency skills checklist.

Time Sheets

It is the responsibility of the student to be accountable for the time spent on the clinical site, and time sheets should be accurately recorded. The teacher and agency should work this out during the coordination meeting, and agree on a Weekly Report Form (Appendix V). The student who is in the co-op program and earns weekly wages is responsible for a Time Sheet Form also (Appendix W).

Student Folder

A student placement folder will be useful for each student. The following items may be included:

- Statement of Occupational Objective Form and USOE Code and/or Classification of Instructional Programs (CIP);
- recommendation letters from other teachers;
- student profile;
- program application form;
- grade point average;
- Student Information Release Form;

- Liability Insurance Form;
- Physical Examination Form and PPD Skin Test results;
- Student/Parent Agreement Form;
- Certifications (copy Certification Cards for file)
  CPR
  First Aid
  Vital Signs;
- letter of application;
- Resume;
- competency profile checklist;
- Social Security Number;
- driver's license number and car insurance;
- health card;
- agency orientation;
- volunteer forms if applicable;
- transportation arrangements;
- Conduct Guidelines Form;
- Student/Parent Responsiblity for School Property;
- Release of Liability Agreement;
- Rotation Form;
- Weekley Report Forms;
- Time Sheet Forms; and
- Vehicle Permit and Release of Liability for Transportation Form.

SECTION VI

EVALUATION OF CLINICAL EXPERIENCES

The evaluation of each student's clinical assignment is an important duty of the on-site clinical supervisor and HOE teacher. Evaluation is conducted during coordination visits, and is usually accomplished by recording progress being achieved by a student in three categories: work attitude and habits, personal traits and skills acquired.

When the evaluation process is performed by all the individuals involved in the training (i.e., the teacher-coordinator, the on-site supervisor, and the student) it will assist the student to understand his/her accomplishments and what additional competencies need to be achieved. In addition, the on-site supervisor and the teacher-coordinator will know what adjustments should be made in classroom, laboratory or on-site experiences to meet the needs of future students.

Teacher-Coordinator Evaluation

To ensure student progress is evaluated thoroughly and objectively as possible, the teacher needs to structure the process through evaluation forms. Thus, the teacher must use or adapt existing sample forms. The teacher should have at least two basic types of forms: one for documenting each visit to the health agency on the Schedule of Instructor Clinical Visits Form (Appendix Y) and one for evaluating specific skills and attitudes using the Teacher/Supervisor/Student Evaluation Form (Appendix Z).

The teacher-coordinator should also complete a Visitation/Student Conference Report (Appendix AA) each time an on-site visit is made with the student or a conference is held with the student or the health agency

supervisor regarding student progress. This form may also be used to document visits for administrative purposes.

Evaluation needs to be a continuous process and reflect school policy. If evaluation of student performance is delayed until late in the grading period, problems may become major ones before they are resolved. The first evaluation should be conducted one week after the student is assigned to the clinical area.

With a proper evaluation plan, the teacher will obtain feedback from several sources on the student's performance and progress during the clinical assignments. This data can be used with related instructional classwork to derive an overall grade for the grading period. In addition, these evaluations will assist the teacher to (1) identify student strengths or weaknesses that need correction or improvement, (2) identify weaknesses in on-site instruction, (3) identify the need for a student to be reassigned or rotated to a new area, (4) determine if the training plan is being followed and (5) identify changes which should be made in the clinical experience.

On-Site Supervision Evaluation

The on-site supervisor should provide the teacher-coordinator with informal feedback. In addition, the on-site supervisor is expected to evaluate the student's performance at the end of the grading period. The on-site supervisor should be provided a form to evaluate the student. The form should provide information regarding:

- student competence in the clinical assignment;
- the effectiveness of the learning experiences; and
- strengths and weaknesses in the student's performance

The on-site supervisor has a responsibility to evaluate the three areas of student performance: skills, work habits and attitude, and per-

sonal characteristics. These areas should be included on the evaluation form provided by the teacher. The use of the Teacher/Supervisor/Student Evaluation Form (Appendix Z) and the items in the rating scale should be explained by the teacher during the initial visit with the health agency supervisor.

Student Evaluation

Students should be directly involved in the evaluation process and may rate themselves and the HOE program in the same areas as the on-site supervisor. This self-evaluation can be accomplished by using the same evaluation form (Appendix Z). The students should also be encouraged to evaluate the HOE program to provide information to improve the learning experiences (Appendix BB).

Clinical Agency Evaluation of HOE Program

Another tool that should be used in program planning is the Health Agency Supervisor's Evaluation of HOE Program (Appendix BB). This is particularly true of related classroom instruction which trains a student for a specific health care agency.

The on-site clinical supervisors may also serve as members of the HOE program advisory committee as stipulated by the Vocational Education Standards. These members provide valuable information regarding specific occupational training stations and current trends which assist in keeping the curriculum up to date with employment needs.

SECTION VII

COMPLETION OF CLINICAL COMPONENT OF PROGRAM

When students complete their clinical experiences, the teachers should carefully document work experiences and completed competencies as listed on task sheets and the Health Occupations Education Competency Profile. Student ratings should be available upon request to prospective employers with appropriate permission. A Student Information Release Form must be signed by the parents if the student is under eighteen years of age and by the student if over eighteen years of age.

Competency Profile

Competency Profiles are available through the State Department of Education. Each student enrolled shall be provided a Competency Profile folder. Upon completion of a competency, the competency shall be noted on the form which is kept in the students' permanent file.

Certificates of Completion

Two Certificates of Completion shall be presented to anyone who has completed 100 percent of the HOE program. One certificate may be framed and one may be carried in the wallet. These certificates are available through the State Department of Education. Program Completers are students who complete the entire HOE program. Anyone who leaves the HOE program prior to completion will be considered an early leaver and is not eligible for a Completion Certificate.

Agency and Student Recognition

An annual recognition event should be held at the end of the school year to express public appreciation and to recognize the community, health agencies, school administrators, faculty, parents, and students who have

contributed to the success of the program. It is extremely beneficial to the student to participate in planning and organizing the social event. It should be a fun time and offer the opportunity for school administrators, clinical supervisors, advisory committee members, and future employers to appreciate the Health Occupations Students of America (HOSA), vocational education, and the total HOE program.

Planning and Revisions

Planning is essential for a quality HOE program. In order to revise and update the clinical experiences and cooperative programs, the teacher should review all evaluation forms which include the clinical agencies, students, and feed-back from the advisory committee. After reviewing the evaluations, the teacher should begin planning for the next year. The teacher should profit from mistakes and look forward to a new year when it may be said, "we will do it differently this year" through a revised program of work.

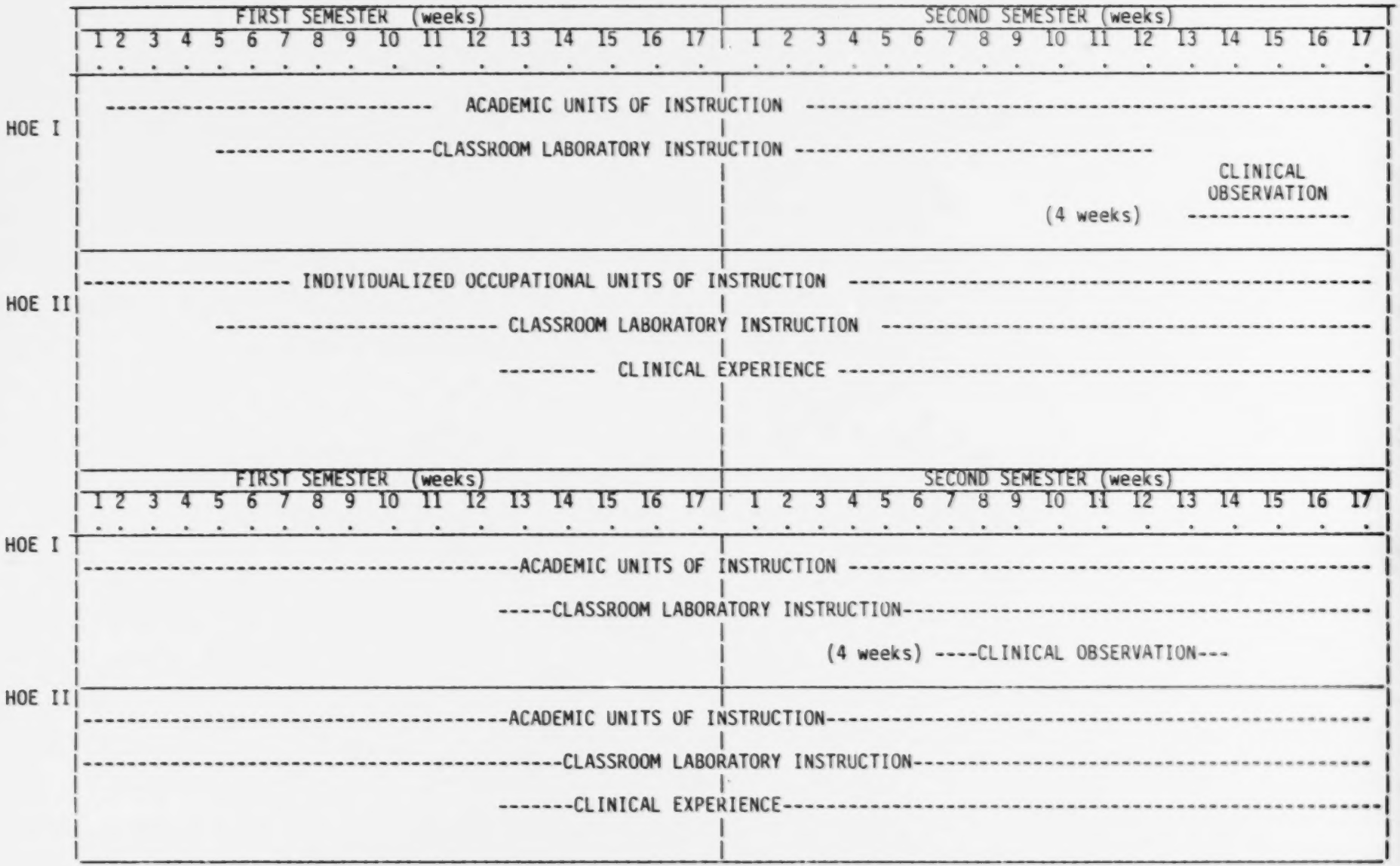
Conclusions

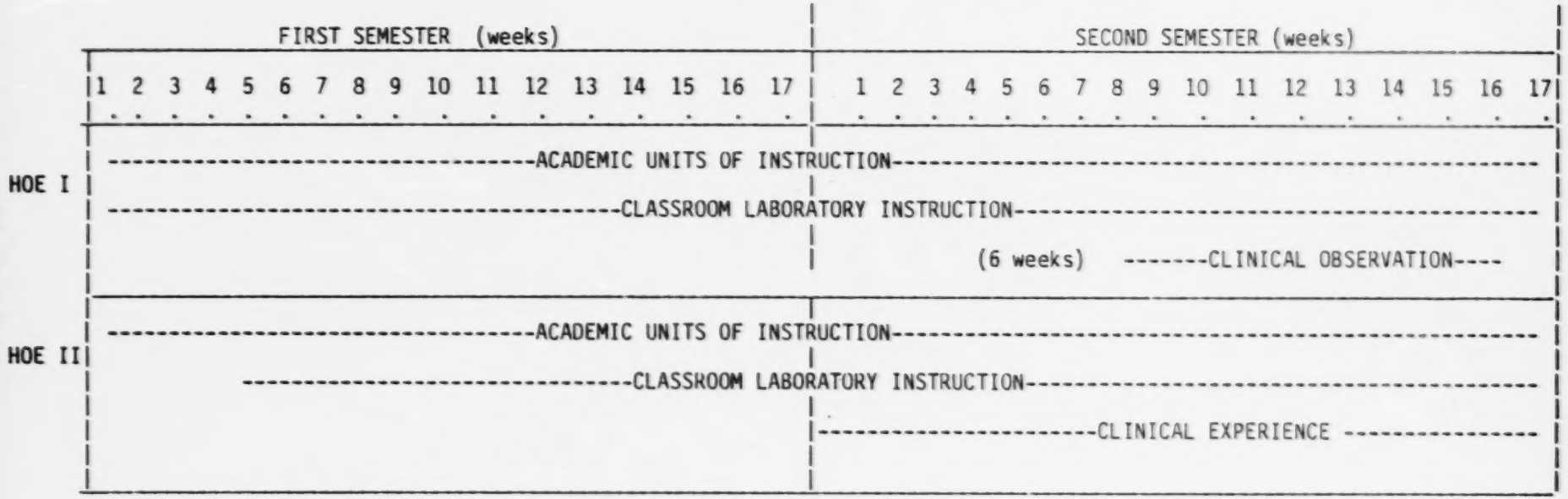
Effective education offers many options to students. Quality vocational education provides the opportunity for students to succeed in the world of work and discover that they do indeed have options.

Developing a Health Occupations Education program requires many hours of hard work for the teacher. Appropriate planning, organizing and updating the curriculum, as well as personal and professional development, is a must to provide a quality program which offers the students an opportunity to grasp the knowledge and skills explosion of high technology in the health care delivery system today and in the future.

TABLE 1.

SAMPLE HOE MODEL PROGRAMS


FIRST SEMESTER (weeks)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
SECOND SEMESTER (weeks)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
HOE I
ACADEMIC UNITS OF INSTRUCTION
CLASSROOM LABORATORY INSTRUCTION
CLINICAL OBSERVATION
(4 weeks)
HOE II
INDIVIDUALIZED OCCUPATIONAL UNITS OF INSTRUCTION
CLASSROOM LABORATORY INSTRUCTION
CLINICAL EXPERIENCE
FIRST SEMESTER (weeks)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
SECOND SEMESTER (weeks)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
HOE I
ACADEMIC UNITS OF INSTRUCTION
CLASSROOM LABORATORY INSTRUCTION
(4 weeks) CLINICAL OBSERVATION
HOE II
ACADEMIC UNITS OF INSTRUCTION
CLASSROOM LABORATORY INSTRUCTION
CLINICAL EXPERIENCE


FIRST SEMESTER (weeks)
SECOND SEMESTER (weeks)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
HOE I
ACADEMIC UNITS OF INSTRUCTION
CLASSROOM LABORATORY INSTRUCTION
(6 weeks)
CLINICAL OBSERVATION
HOE II
ACADEMIC UNITS OF INSTRUCTION
CLASSROOM LABORATORY INSTRUCTION
CLINICAL EXPERIENCE

References and Suggested Readings

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Meyer, W. G., Crawford, L., & Klaurens, M. K. (1975). Coordination in Cooperative Vocational Education. Ohio: Merrill Publishing Company.

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Stull, W. A., & Zedlitz (1984). Cooperative Work Experience Manual. West Chicago, Illinois: South-Western Publishing Co.

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APPENDIX A

STATE DEPARTMENT OF EDUCATION

LIABILITY INSURANCE ENROLLMENT FORM

Appendix A

State Department of Education

LIABILITY INSURANCE ENROLLMENT FORM

PLEASE PRINT

Last Name _____ First Name_____ Middle Int.___

Home Address_____

City_____ State_____ Zip_____

Telephone _____

Name of School_____

Address of School_____

City_____ State_____ Zip_____

Telephone _____

Signature_____ Date_____
(Principal or Director)

Signature_____ Date_____
(Teacher)

Signature_____ Date_____
(Student)

Mail to:

George Thompson Agency
2951 Zelda Road
Montgomery, AL 36198
(205) 277-8970

APPENDIX B

SAMPLE STUDENT INFORMATION RELEASE FORM

Appendix B

STUDENT INFORMATION RELEASE FORM

I authorize the school to release information on

_____ regarding skill achievement
(student)

level, courses completed in HOE program, absentees or other information that might be requested by a potential employer.

Date_____

Signature of Student _____

Signature of Parent _____

Signature of Instructor _____

APPENDIX C

SAMPLE HOE PROGRAM ADVISORY COMMITTEE BYLAWS

HEALTH OCCUPATIONS EDUCATION

PROGRAM ADVISORY COMMITTEE

INTRODUCTION

The program advisory committee is organized to advise and counsel the Health Occupations Education Program. Members of the committee are to make suggestions and recommendations for improvement of the instructional program. The program advisory committe provides a two-way system of communication between the business community and the educational system which is essential to the success of the vocational program. The Advisory committee has no administrative or legislative authority. The very name signifies the function, which is to advise.

The Program advisory committee offers assistance in determining the following:

-skills and related technology to be taught;
-instructional goals and objectives for the program;
-time allotment for each unit of instruction and total length of course;
-instructional materials to be used;
-standards of workmanship to be obtained; and
-appropriate clinical experiences to be used in the instructional program.

HEALTH OCCUPATIONS PROGRAM ADVISORY COMMITTEE BYLAWS

ARTICLE I - NAME

The official name of this advisory Committee shall be the Health Occupations Education (HOE) Program Advisory Committee.

ARTICLE II - PURPOSES

The purpose of the HOE Program Advisory Committee is to assist in the following ways:

a. The program advisory committee shall be designated by the teacher of the program with approval of the Local Director and/or Principal.

b. The advisory committee may direct its advice toward the HOE teacher who will subsequently forward it to the Local Director of Vocational Education or Principal for appropriate action.

c. The committee's activities shall be limited to those which directly affect the HOE program.

ARTICLE III - MEMBERSHIP

Section 1. - Membership Composition

a. The program advisory committee shall consist of not less than nine members and not more than twelve.

b. Each member shall be chosen from the business and industry community.

Section 2. - Length of Term

a. The initial appointments of members shall be for one year. Subsequent membership shall be for three years, two years and one year, respectively, to provide for a system of rotation.

b. The term of a new advisory committe member shall begin on July 1.

c. An individual will automatically lose membership if he/she fails to attend three successive meetings without a valid excuse or without alternate representation.

ARTICLE IV - OFFICERS AND DUTIES

Section 1. - Elected Officers

a. Officers shall be a chairman, vice-chairman, and secretary. The HOE teacher will assist the secretary by making arrangements for meetings and mailing all correspondence.

b. The officers shall be elected annually by majority vote of the committee members present at the initial meeting of the committee after July 1, and shall serve as the Executive Committee.

Section 2. - Duties of Officers

a. The chairman shall:

1. Preside at all meetings
2. Serve as Chairman of the Executive Committee
3. Appoint special committees as needed

b. The vice-chairman shall perform the duties of the chairman during his/her absence and perform other duties as assigned.

c. The secretary shall:

1. Serve as Secretary of Executive Committee and HOE Program Advisory Committee
2. Keep attendance records

3. Keep a record of meetings
4. Distribute materials as appropriate
5. Make arrangements for meetings and notify members of time and place

Section 3. - Meetings of Executive Committee

a. The Executive Committee shall be composed of the Officers of the HOE Advisory Committee.

b. The Executive Committee shall meet at least three times each year.

c. One meeting shall be held prior to the beginning of the school year.

d. Other meetings shall be held in person or by telephone during the year as necessary.

ARTICLE V - MEETINGS OF PROGRAM ADVISORY COMMITTEE

Section 1. - Time, Place and Number of Meetings

a. A meeting of the HOE Program Advisory Committee shall be held at such time and place as the members may fix from time to time.

b. A minimum of two meetings shall be scheduled each year.

ARTICLE VI - COMMITTEES

Committees shall be appointed by the chairman as needed.

ARTICLE VII - PARLIAMENTARY AUTHORITY

Parliamentary procedure for all meetings of the HOE Program Advisory Committee shall be governed by Robert's Rules of Order, Newly Revised.

ARTICLE VIII - AMENDMENTS

Amendments may be proposed as follows:

a. Proposed amendments to the bylaws may be submitted by any member of the HOE program Advisory Committee. Proposed Amendments must be submitted in writing to the Executive Committee at least 30 days before any meeting.

b. All proposed amendments must be submitted by the Executive Committee to the members of the HOE Program Advisory Committee at least 10 days prior to the next meeting.

c. An amendment to the bylaws may be adopted at any meeting by a two-thirds vote, a quorum of the membership being present.

APPENDIX D

SAMPLE LETTER FROM HOE TEACHER TO

HEALTH AGENCY FOR COMMUNITY SURVEY

Appendix D

LETTER FROM HOE TEACHER
TO HEALTH AGENCY FOR COMMUNITY SURVEY

EMPLOYER NAME
POSITION
ADDRESS

DATE_____

Dear_____

The Health Occupations Education Program at _____
(school)
in conducting a community survey to provide information related to community employment needs and specific skills required in Health occupations. This information will also assist the student placement service to counsel students on employement in health care agencies after high school training, or provide part-time or full-time employment for students enrolled in the Health Occupations program. It is hoped that this service will provide qualified, trained applicants for employment in health agencies.

The Health Occupations Education Program is designed to provide training in basic health care skills, CPR, first aid, vital signs and communications during the first year. Students completing the second year in the program receive more advanced training in their chosen health occupation and also participate in clinical experiences.

Your cooperation in determining the employment needs of the health community is appreciated. Please complete the enclosed survey form and return it in the self-addressed stamped envelope by _____, if possible. Thank you for your assistance.

Sincerely,

Teacher, Health Occupations Education

APPENDIX E

SAMPLE COMMUNITY SURVEY FORM

Appendix E

COMMUNITY SURVEY FORM

Date _____

NAME_____ POSITION_____

HEALTH AGENCY_____ TELEPHONE _____

ADDRESS_____ CITY_____ ZIP_____

TYPE OF AGENCY_____ NUMBER OF EMPLOYEES_____

CONTACT PERSON_____ TITLE_____

Please check the type employee you would consider: (students are age 16 or over)

_____ Graduating Senior Student -- Part Time____ Full time____

_____ Junior or Senior Student -- Part Time____ Full time____

_____ Part-Time Student throughout year

_____ Summer Student -- Part time____ Full time____

_____ Unemployed Adult -- Part time____ Full time____

List job titles or describe special qualifications or skills desired:

1. _____

2. _____

3. _____

Approximate hours _____ Approximate wages _____

Date(s) needed _____

Is public transportation available? _____

May I come and talk with you about the Placement Program? Yes___ No___

Date _____ Time _____

Comments_____

_____

THANK YOU

APPENDIX F

SAMPLE HOE PROGRAM BROCHURE

APPENDIX G

SAMPLE OCCUPATIONAL ANALYSIS

AND PROGRESS CHART

Appendix G

OCCUPATIONAL ANALYSIS AND PROGRESS CHART

HOE II - NURSING ASSISTANT

##	TASK	DATE	EVAL. S	EVAL. U	COMMENTS
1-1	PREPARE A RESUME				
2	WRITE LETTERS OF INQUIRY				
2-1	ANSWER LIGHTS				
2	RUN ERRANDS				
3	DIRECT VISITORS				
4-1	ANSWER TELEPHONE				
2	ASSIST WITH PHYSICAL EXAMINATION				
3	ISSUE AND STORE SUPPLIES				
4	CLEAN USED EQUIPMENT				
5	USE AN AUTOCLAVE				
6-1	ADMIT A PATIENT				
2	DISCHARGE A PATIENT				
3	COMPLETE A NURSING CARE PLAN				
4	TAKE VITAL SIGNS				
5	CHART VITAL SIGNS				
7-1	PERFORM METRIC CONVERSIONS				
8-1	ASSIST WITH BEDPAN				
2	ASSIST WITH URINAL				
3	BATHE A PATIENT				
4	CHANGE AN OCCUPIED BED				
5	ASSIST PATIENT TO DRESS				
6	POSITION A PATIENT				
7	CLEAN A PATIENT UNIT				
9-1	PREPARE A MODIFIED DIET				
2	SERVE AND REMOVE A TRAY				
3	FEED A HELPLESS PATIENT				
4	RECORD INTAKE & OUTPUT				
5	CHART INTAKE & OUTPUT				
10-1	BATHE A NEWBORN				
2	WEIGH A NEWBORN				
3	DRESS AND DIAPER A-NEWBORN				
11-1	ASSIST WITH POSTMORTEM CARE				
12-1	DEMONSTRATE STERILE GLOVING				
2	DEMONSTRATE ISOLATION TECHNIQUES				
13-1	DEMONSTRATE CAST CARE				
2	APPLY HEAT				
3	APPLY COLD				
14-1	PERFORM DIABETIC URINE CHECK				
15-1	PERFORM CARE OF INCONTINENT PATIENT				
2	COLLECT URINE SPECIMEN				
16-1	DEMONSTRATE A CLEANSING ENEMA				
17-1	DEMONSTRATE PREOPERATIVE CARE				
2	DEMONSTRATE POSTOPERATIVE CARE				
18-1	RECEIVE CERTIFICATION/BASIC FST. AID				
19-1	RECEIVE CERTIFICATION IN BASIC CPR				

APPENDIX H

SAMPLE AGREEMENT BETWEEN TRAINING PROGRAM AND HEALTH AGENCY

Appendix H

Agreement Between Training Program and Health Agency

THIS AGREEMENT, made and entered into this _____ day of _____, 19____, by and between _____

_____

in _____ COUNTY, ALABAMA, party of the first part, hereinafter referred to as _____ and _____, party of the second part.

WITNESSETH:

WHEREAS, _____ (school) of _____ COUNTY, ALABAMA is desirous of expanding its vocational education program at _____ by establishing a health occupations program in which students will observe and perform such duties as permitted, and

WHEREAS, the party of the second part is desirous of improving the quality of trained employees and recognizes the need for a vocational education program.

NOW, THEREFORE in consideration of mutual covenants hereinafter set forth, _____ (school) of _____ COUNTY, ALABAMA, and party of the second part do hereby agree as follows:

1. Students shall be subject to the rules and regulations of the establishment of the party of the second part at all times and during the periods of observing and performing practical experiences on the premises, shall be under the supervision, control, and direction of the party of the second part and any student failing to conduct himself/-herself accordingly is subject to dismissal from the program by either party of the first part or party of the second part.

2. The student shall have purchased liability insurance and insurance must be kept current.

3. The number of hours that the student will spend on the premises of the party of the second part and the duties to be performed shall be agreed upon by both parties.

4. Students shall be a minimum of sixteen (16) years of age and receive instruction in the aforementioned duties prior to assignment by either the training program or the party of the second part, or both.

5. Additional duties for students may be added; however, a student shall not perform functions in which he/she has not received instruction and said additional duties may be assigned only after approval of both the administration for the party of the second part and the student's instructor.

6. Each student shall receive a physical examination or other examination as required by the party of the second part before beginning duties on the premises of the party of the second part. The examination is to be provided at the student's expense or as subsequently agreed by the training program and the party of the second part.

7. Transportation both to and from the premises will not be provided by either party and will be the student's responsibility unless otherwise agreed upon.

8. Either the party of the second part and/or the student's instructor (representing school/college/university) reserves the right to terminate this agreement with 30 days notice, if the rules and regulations stipulated herein are violated.

9. If any of the provisions of the Agreement are in conflict with any applicable statute, rule or law, then such provision shall be deemed inoperative to the extent they conflict herewith and shall be deemed to be modified to conform with such statute and rule.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by the respective officers so authorized the day and year last above written and shall be signed each academic year.

The Health Occupations Training Program of _____(school) in _____, County, Alabama and the party of the second part _____ by:

_____, Principal, School

_____, Director, Department of Vocational and Adult Education

_____, Coordinator, Health Occupations Education

_____, Administrator, Party of the Second Part (Agency or Department as designated)

APPENDIX I

SAMPLE TRAINING PLAN

Appendix I

TRAINING PLAN

HEALTH OCCUPATIONS EDUCATION - NURSING ASSISTANT

STUDENT NAME: _____ _____
last first middle school

ADDRESS: _____ HOME TELEPHONE: _____

TEACHER-COORDINATOR: _____ SCHOOL TELEPHONE: _____

STUDENT OCCUPATIONAL OBJECTIVE: _____

COMMUNITY AGENCY: _____

ADDRESS: _____ TELEPHONE: _____

SUPERVISOR: _____ TELEPHONE: _____

POSITION: _____

DATE OF EXPERIENCE: _____

HOURS OF EXPERIENCE: _____

JOB DESCRIPTION: _____

TRAINING PLAN - NURSING ASSISTANT

Approx-imate Time	Related Instruction	Classroom Laboratory	Clinical Experience	Individual Study Assignment	Evaluation
	Orientation and Safety			read handouts	
	Principles and Philosophy of Nursing	answer lights run errands direct visitors answer telephone	answer lights and telephone run errands	read assigned textbook	
	Health and Wellness				
	Maintaining Health	assist with physical issue and store supplies clean used equipment operate autoclave	issue and store supplies clean used equipment	study procedures	
	Patient Evaluation	admit patient discharge patient take vital signs chart vital signs	assist with admission assist with discharge take vital signs chart vital signs	study procedures	
	Patient cleanliness and comfort measures	assist with bedpan assist with urinal give a complete bed bath change an occupied bed assist patient to undress position a patient clean a patient unit	assist with bedpan assist with urinal assist with bed baths change beds assist patient to dress position a patient clean a patient unit	study procedures	

APPENDIX J

SAMPLE FACULTY RECOMMENDATION

FOR HOE STUDENT FORM

Appendix J

FACULTY RECOMMENDATION FOR HOE STUDENT FORM

(CONFIDENTIAL)

Student_____ Subject(s)_____

This student has applied for enrollment in the Health Occupations Program. Would you help us in our selection process by providing the following information about this student? Use the scale which proceeds from a LOW of 1 to a HIGH of 5 to check ( ) your response. Thank you.

	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
RELIABILITY					
LEADERSHIP					
INDUSTRIOUSNESS					
POISE					
GROOMING					
KNOWLEDGE OF SUBJECT MATTER					
GETTING ALONG WITH OTHERS					

Any special job skills? (a) _____

(Indicate Level) (b) _____

Special Talents _____

_____

What do you feel are the student's strong points? _____

_____

Other Comments _____

_____

Date_____ Signature (faculty)_____

APPENDIX K

SAMPLE PROFILE OF CANDIDATE

FOR HOE PROGRAM FORM

Appendix K

PROFILE OF CANDIDATE FOR HOE PROGRAM FORM

Student's Name: _____ ( ) Male ( ) Female
(Last) (First) (Middle)

Home Address: _____ Telephone _____
(St. No. & Name; Rt. No., or P.O. Box)

_____
(City) (State) (Zip)

Name of Home School: _____ School Year: 19__ - 19__

Telephone: _____

POINTS	CRITERIA	SCORE
0-4	Overall school grade average: A = 4 pts.; B = 3 pts.; C = 2 pts, D = 1 pt.; and F = 0 pts.	
0-4	ATTENDANCE (ABSENCES): 0-6 days = 4 pts.; 7-10 days = 3 pts.; 1-15 days = 2 pts.; 16-20 days = 1 pt.; and 20 + days = 0 pt.	
0-4	RECOMMENDATION OF PRINCIPAL AND/OR COUNSELOR	
0-4	OTHER VOCATIONAL COURSE, GRADE AVERAGE A = 4 pts.; B = 3 pts.; C = 2 pts.; D = 1 pt. and F = 0 pt.	
0-4	STUDENT INTEREST: One (1) point for each of the following a. Has occupational objective in health care. b. Has family or friends employed in health care. c. Has some knowledge of the desired occupation. d. Has some work experience in health care.	
0-20	POSSIBLE TOTAL PROFILE TOTAL	

NOTES:
1. This profile must be presented for each candidate seeking enrollment in the HOE program.
2. Absences known to have been due to extended illness or injury need not be counted for purposes of this profile rating.
3. When there are more candidates seeking enrollment in the program than there are spaces available, candidates will be accepted according to their overall profile standing.

APPENDIX L

SAMPLE STUDENT/PARENT AGREEMENT FORM

Appendix L

HEALTH OCCUPATIONS EDUCATION PROGRAM

STUDENT/PARENT AGREEMENT FORM

(To be signed prior to acceptance in the program)

The Health Occupation Education Program is planned to develop a student academically, economically, and socially. In achieving this, there are definite steps that must be taken. There are responsibilities the student and parent must accept and agree to cooperate before a student may participate in the program.

As a condition for acceptance in the Health Occupations Education Program, I agree to:

check:

____ 1. Complete all necessary forms for admission to the training program and return or request they be sent to the HOE teacher.

____ a. Complete an application for the program.

____ b. Complete the Statement of Occupational Objective Form.

____ c. Present Faculty Recommendation Form to selected teachers and follow up to assure form is returned to HOE program.

____ d. Request the counselor complete a Profile of Candidate for HOE Program Form and return to the HOE program.

____ e. Provide a completed copy of the Physical Examination Form (including current immunizations) and proof of a dental examination, by a doctor of choice, before entering the program.

____ f. Sign the Vehicle Permit and Release of Liability for Transportation Form.

____ g. Read and sign the Standards, Uniform and Dress Code for Clinical Experiences.

____ h. Sign the Student Information Release Form.

____ i. Sign the Student/Parent Responsibility for School Property Form.

____ j. Sign a Release of Liability Agreement Form against the schools, health agencies and teacher.

____ k. Complete a Resume.

____ l. Write a Letter of Application.

____ m. Sign the Conduct Guidelines.

____ 2. Obtain Liability Insurance.

____ 3. Complete course work required before clinical observation/ experience in the health agencies.

____ 4. Furnish and wear appropriate uniform, name pin, shoes, emblem, and a watch with a second hand for experiences in the health agencies.

____ 5. Participate in activites incorporated in program such as films, speakers, field trip, laboratory procedures, class discussions on topics such as family planning, human reproduction, the birth process, venereal diseases, clinical observations/experiences in the health agencies, independent study, community activities (i.e., blood pressure screenings, visual screenings, scoliosis screenings, audiometric screenings, self-breast examination for detection of cancer, sodium fluoride mouth rinse programs) and other educational programs.

___ 6. Provide for own transportation (to and from school and health agencies), if necessary, car insurance and health insurance.

___ 7. Attend classes on time at school. Report to health agencies on time for clinical experiences.

___ 8. Understand that if I am absent from school, I am not allowed to work or participate in clinical activities the same day.

___ 9. Understand that my clinical experiences are part of the educational program and I may or may not receive any pay (agencies may compensate students).

___10. Notify the health agency and coordinator in advance, in case of necessary absence.

___11. Perform to the best of my ability in all my classes.

___12. Accept counseling and guidance from the coordinator and use it to my advantage.

___13. Carry out my training and duties on the job in such a manner that I will reflect credit upon myself, my school and the program. If a problem arises in the health agency, talk it over with my coordinator.

___14. Understand that if my conduct or work is not satisfactory, my training will be discontinued and I will fail the course.

___15. Understand that I must continue and complete each course in the program throughout the year or lose my credit.

___16. Comply with all rules and policies of the school and the health agencies.

___17. Understand that all my classroom and clinical experiences are assigned and performed under supervision.

___18. Keep a time schedule and weekly report on each clinical experience (experiences may be at different times of day.)

___19. Understand that the program may be changed at intervals if a revision of the course work or clinical experience is necessary.

___20. Complete the course work and clinical experience satisfactorily to receive credit for the course.

___21. Take an active interest and participate in the Alabama Association of Health Occupations Students of America (HOSA) and pay local, state, and national dues on time (includes meetings and conferences at local, district, and state level; may also attend National functions).

___22. Attend any meetings or classes at which attendance is required by the coordinator.

___23. Dress in an acceptable manner at all times.

___24. Complete self-evaluation of performance during and upon completion of the HOE program.

___25. Complete an evaluation of the HOE program upon completion of training.

___26. Sign this Student/Parent Agreement.

Student's Signature_____

Date_____

Parent/Guardian Signature_____

Date_____

APPENDIX M

SAMPLE STANDARDS, UNIFORMS, AND DRESS CODE FOR CLINICAL EXPERIENCES

Appendix M

STANDARDS, UNIFORMS AND DRESS CODE

FOR CLINICAL EXPERIENCES AND COMMUNITY ACTIVITES

Each day, each student enrolled in the HOE program represents the program and the school and is expected to be in full uniform. The public opinion will be greatly influenced by their impression of the student. In order to benefit the student, school and HOE program, each student must quickly adapt to the high standards of professionalism and agree to abide by the Standards, Uniforms and Dress Code for Clinical Experiences and Community Activities as follows:

UNIFORM-FEMALE

1. Short, white laboratory jacket
2. Navy blue skirt or pants
3. Name pin (worn on left side of short laboratory jacket)
4. Watch with second hand
5. Shoes, white
6. Hose, neutral
7. Navy blue or white knee socks (may be worn with pants in cold weather)
8. Ball point pen (blue or black) and note pad
9. HOE Emblem on left breast

UNIFORM-MALE

1. Pants, navy blue
2. Short, white laboratory jacket
3. Shoes, white
4. Socks, solid navy blue or white
5. Name pin (worn on left side of short laboratory jacket)
6. HOE patch (not Hosa Emblem)
7. Ball point pen (blue or black) and note pad
8. Watch with second hand

The short laboratory jacket, name pin and HOE patch will be ordered for each student. The uniform must fit, be clean, free of wrinkles and odor. Blue jeans, or other pants, must not be worn as part of the uniform.

SHOES

Shoes must be clean and polished at all times (polish, let dry, then brush with soft cloth for shine). Shoelaces must be cleaned by washing. Select shoes that are comfortable and give good support. A conservative type of laced shoe is preferred. Loafers, sneakers, sandals, high heeled shoes are not allowed to be worn during clinical experiences and community activites.

HOSE

Hose must be a neutral color, clean, and free of runs and odor, and they must fit. Do not wear footies with pompoms. Females should always wear hose with skirts and pants.

REQUIRED ACCESSORIES

NAME PIN: Worn on left side about 6 inches from shoulder seam.

HOE PATCH: Worn on left side of chest on pocket below pin.

WATCH WITH SECOND HAND: Worn every day.

BALL POINT PEN AND NOTE PAD: Carried in uniform pocket for use every day.

PERSONAL APPEARANCE

1. HAIR: The hair must be clean, free of odor, off the collar and out of face, in a neat simple professional style. The hair does not have to be cut to meet this requirement. Some unacceptable hairstyles are: unstyled curly perms, Afro, pony tail, long hanging below collar, short frizz, loose uncontrolled hair (long or short) braid with pigtails and ornamented beads, etc. Sometimes a thin hairnet will be needed also. Ribbons, fancy or bright accessories are not to be worn. Male hair must be short, styled and clean. The hair must meet teacher's approval.

2. FINGERNAILS: The fingernails always should be well-manicured, short and free from dirt. Nail polish should be a light soft shade and applied neatly.

3. BODY ODORS: Bathe or shower daily and take necessary precautions against body odors. Use a good deodorant and change underwear and top clothing daily. Brush your teeth regularly. Mouth wash

may also be used. Eating breakfast helps. Cigarette odor must be prevented. NO STUDENT WHO HAS ODORS WILL PARTICIPATE IN ANY ACTIVITY.

4. CHEWING GUM -SMOKING - EATING: Chewing gum or smoking is not allowed. If you choose to chew gum or smoke, you will be released from activites and given a ZERO. Ample time is allowed for coffee breaks and meals. Usually the lunch break is 30 minutes and the coffee break is 10 minutes in the dining room during hospital experiences. Do not exceed the time limit. Food is to be eaten only in the dining room. All health occupations require a great amount of self-discipline, and all health institutions set high standards for behavior. If you want to be a health worker, it might be necessary for you to change some of your habits.

5. JEWELRY: Do not wear costume jewelry, earrings, necklaces, bracelets, rings, pins, or hair ornaments. Jewelry will harbor germs, get in your way, and get broken or lost. The only jewelry to be worn is the watch, wedding rings, class rings, and small stud earrings (one set only).

6. MAKE-UP: The make-up should be natural looking and males should be clean shaven.

7. RELIABILITY: Since the whole pattern of patient care and management depends upon active participation by every member employed, the absence of one member at any time may seriously affect patient care. Take pride in being prompt and dependable. If you are unhappy, talk with your teacher.

8. ABSENCE FROM CLINICAL EXPERIENCE: Only a genuine personal emergency justifies a clinical absence. The most dependable and most highly rated health worker has a very low rate of absenteeism.

PLEASE FOLLOW THIS PROCEDURE

a. Tell the teacher as soon as you know the date you are to be absent.
b. Always call the teacher if you are unable to meet your assigned duties. State why you are absent and your expected return date.
c. This is your responsibility. If you are negligent (example - fail to do something or do it in the wrong manner) discipline will be exercised at the discretion of the teacher.

9. TELEPHONE CALLS: Do not make or receive personal telephone calls while on clinical rotations. The telephones are used for professional business. In the event your parents need to contact you, the teacher should be notified first.

10. HUMAN RELATIONS: The nature of the work you have chosen demands that you be able to get along with all types of people. Maintaining a good relationship with people depends as much on knowing what not to do as on what to do. Sometimes it is not what you say, but how you say it that offends or pleases people. A facial expression, gesture, or body movement can speak volumes. These outward signs of communication can affect your ability to convey warmth and understanding, characteristics that health professionals must possess. Speak quietly but distinctly. Avoid slang and incorrect expressions. The use of good English and medical terms add to the dignity of a person. Learn to become a sympathetic listener.

    Confidential Information: Remember to regard all conversations as confidential information. Never discuss the treatment, condition, or diagnosis of a patient with anyone except your teacher or supervisor. Everything that happens to a patient is confidential. Picture yourself in the patient's position, and you will realize why you must be very careful and discreet. There are also important legal and ethical reasons why information concerning a patient may be discussed only with those persons directly responsible for the care of the patient. Never discuss any actions, treatment, or conversation about the doctor, nurse or any employee. Discuss your thoughts only with your teacher.

    Privacy: If a door is closed completely or partially in any health agency, KNOCK before entering. Respect the privacy of others.

11. EMOTIONAL CONTROL: Always restrain yourself from loud emotional outbursts which are disturbing to the patients or other workers. Report incidents that displease you to your teacher, and supervisor in an impersonal, factual manner. Unharmonious relationships and friction can only result in lowering the effectiveness of the entire clinical experience. Your supervisor and teacher are as eager as you are to prevent this.

12. JOB PERFORMANCE: Your overall performance will be rated either formally or informally by your supervisor and teacher. They will be looking at the quality and quantity of your work. You will be expected to meet certain standards. Your rating will depend to a great extent on how much satisfaction you derive from your experiences.

One of the best ways to assure yourself of high ratings from others is to rate yourself. If you perform your duties according to high standards that you set for yourself, you will receive good

ratings. A successful student and employee usually rates high in the following areas:

- quality of work
- quantity of work
- knowledge of job
- amount of supervision required
- cooperation
- ability to get along with others
- reliability
- appearance
- initiative
- attendance

I certify that I have read and understand the above Standards, Uniform and Dress Code for Clinical Experiences and Community Activities and agree to comply with them.

Student's Signature:_____

Date:_____

APPENDIX N

SAMPLE STUDENT-PARENT RESPONSIBILITY

FOR SCHOOL PROPERTY FORM

Appendix N

STUDENT-PARENT RESPONSIBILITY FOR SCHOOL PROPERTY FORM

MEMO TO: Student, Parent or Guardian

FROM: Health Occupations Education Program

All uniforms or laboratory jackets provided by the program are the property of the state of Alabama and the public school system, and shall be retained for normal use only during the period pupils are engaged in clinical experience.

Laboratory jackets issued to students may be used in the same manner and the same extent as though owned by the student; except that students must recognize their responsibility for the proper care of the items checked out to them by observing the following practices:

1. Keep the laboratory jacket and/or uniform clean.
2. Refrain from using the laboratory jacket and/or uniform in such a way as to allow staining, soiling, and damage.

Parents and students must accept liability for any loss, abuse, or damage to the items issued to the student.

For such loss or damage, the student will be assessed as follows:

1. Full price if new when issued, or
2. Seventy-five per cent of full price if used.

All laboratory jackets, uniforms and other items must be returned to the issuing school by the student when the clinical experience is completed each year or the student leaves the health occupations program.

The school administrator is authorized to withold credit for the course until all assessments for lost and/or damaged items have been paid. I certify that I have read and understand the above regulations and agree to comply with them.

Date_____ _____
Signature of Student

Date_____ _____
Signature of Parent or Guardian

- -

Student issued: Laboratory jacket _____ No. & Size _____
Uniform _____ Condition _____ Date _____

Student returned: Laboratory jacket _____ No. & Size _____
Uniform _____ Condition _____ Date _____

Instructor's Signature _____

APPENDIX O

SAMPLE VEHICLE PERMIT AND RELEASE

OF LIABILITY FOR TRANSPORTATION

Appendix O

Vehicle Permit and Release of Liability
for Transportation

I, _____ request permission to drive a vehicle to school for the following purpose:

_____

_____

Check:

__ I understand that my parents and I will be responsible for liability insurance on the vehicle and for any riders which are allowed to travel to school or to the health agencies in the vehicle.

__ I understand that the school, administrators, teachers and health agencies are released from any liability associated with driving the vehicle to or from school or the health agency for clinical experiences or for any damage which may occur to this vehicle.

__ I understand that I must obey all State, County and City traffic regulations.

__ I understand that I must obey the rules and regulations of the school regarding the driving of vehicles.

_____ _____
Make of Vehicle Year Type of Vehicle

_____ _____
Owner Insurance Company

REQUESTED BY:

_____ _____
Signature of Student Date Signature of Parent Date

APPROVED BY:

_____
Principal Date

_____
Director Date

_____
Teacher Date

APPENDIX P

SAMPLE CONDUCT GUIDELINES

CONDUCT GUIDELINES

I, _____, agree to abide by the following rules during clinical experiences and community activities:

1. Wear appropriate dress at all times, which includes blue dress pants or skirts; white, flat-heeled shoes, and a short-laboratory jacket (jeans and sandals are not allowed.)

2. Keep hair neat and off the collar.

3. Refrain from wearing jewelry (except watch) and fingernail polish.

4. Refrain from eating, gum chewing, smoking or drinking during clinical experiences and community activities.

5. Remain in assigned area at all times (leaving an assigned area early will not be permitted).

6. Perform only those competencies completed and approved in the classroom laboratory and permitted by the health agency.

7. Report any disagreements between student and employees or other problems immediately to the instructor and supervisor.

8. Refrain from engaging in conversation with other students or personnel other than the person to whom assigned.

9. Refrain from discussing anything seen or heard in a clinical facility outside the classroom (this is confidential information).

10. Refrain from sitting in patient rooms.

11. Wash hands prior to entering and leaving the patient unit and at all other appropriate times.

I understand that failure to conform to the above rules will result in loss of credit and possibly being unable to participate in further clinical experiences and community activites.

_____

Signature of Student Date

_____

Signature of Parent Date

APPENDIX Q

SAMPLE RESUME

Appendix Q

RESUME

Name:

Address:

Telephone:

Employment Objective:

Education:

Date	School/College	Degree

Work Experience:

Date	Employer and Address	Position/Duties

Honors:

Special Skills/Other Activities:

Personal Information:
(Hobbies, Interests)

References:

APPENDIX R

SAMPLE LETTER OF APPLICATION

Appendix R

LETTER OF APPLICATION

123 Whitecap Drive
Somewhere, USA 36830

June 10, 19__

Dr.
Family Medical Center
4 Medical Drive
Anywhere, USA 36830

Dear Dr. :

Ms. Robbie Efficient, my former Health Occupations instructor at the City High School, suggested that I apply for the Medical Assistant position that will be open for part-time employment at your medical center July 1. Please consider me an applicant for that position.

I believe that I have the necessary qualifications listed as requirements for the job. As you will see from the enclosed resume, I was enrolled in the Health Occupations Education Program during high school. This afforded me the opportunity to learn these skills in the classroom laboratory and during my clinical experiences. Working in health care has always been my goal in life and this part-time employment will allow me to complete my education in Medical Laboratory Technology in the evening program at the college. A complete copy of my school record will be furnished, if requested.

May I have a personal interview? I shall be glad to call at your convenience. My home telephone number is 123-4567.

Thank you for your consideration.

Sincerely,

Mary Metrics

Enclosure

APPENDIX S

SAMPLE PHYSICAL EXAMINATION FORM

Appendix S

STUDENT PHYSICIAL EXAMINATION FORM

A medical examination of the student is requested in an effort to detect any health problem which could interfere with the ability to learn or to take part in all school activities. This record becomes an important part of the Cumulative School Health Record, helping educators to plan an appropriate program for each student.

TO PARENTS (Part A - fill out as completely as possible)

Immunization: If you have, or can get, accurate records of the dates of the dates of your son/daughter's immunizing "shots," please fill out "immunization" and "booster" columns.

Date of Illness: If your son/daughter has had the disease (example - Measles) write "D" and the year after the disease. If your son/daughter has not had the disease or the vaccine, put "O" after the disease in all three columns.

If possible, take your son/daughter to the doctor yourself. There are questions about their health which you can answer best. If the doctor finds some problem, you can be told about it right away. Please include information about any health problems, past or present.

*Emotional/Mental/Behavior Problems, such as:

Aggresive	Hyperactivity
Withdrawn	Short Attention Span
Thumb Sucking	Nervousness
Bed Wetting	Twitching, "Tic"
Nail Biting	Tantrums

**Undesirable Health Habits, such as:

Frequent Stomach Upsets	Irregular Meals
Frequent Headaches	Fussy Eating
Incoordination	Obesity
Acts Young for Age	Poor Posture
Compulsions (e.g. excessive handwashing)	Poor Sleeping
Untidy Appearance	Poor tooth brushing

TO PHYSICIAN (Parts A, B, C, D)

Effort has been made to keep this form brief yet comprehensive enough to provide the information needed for adequate attention to health needs in planning curriculum. If this form does not give you enough space to write the information or recommendations you wish to include, regarding a special problem, please attach an additional sheet or mail the information in a letter to the school.

Your special attention to the immunization record will be very helpful. Physician's records are often the only accurate ones available. Without such information on each student it is impossible to determine the protection level in each school.

STUDENT PHYSICAL EXAMINATION FORM

Date _____

Student's Full Name _____ Phone _____ Age _____ Race _____ Sex _____
Address _____ Birth Date _____ and Place _____
_____ School Telephone _____
Father's Name _____ Mother's Name _____
Address _____ Address _____
_____ Telephone _____ _____ Telephone _____

HISTORY OF IMMUNIZATION, DISEASES, OPERATIONS, INJURIES
(Instructions to Parents, Physicians and Educators on other side)

A.

Immunization of Disease	Date of Illness	Date of Immunization	Last Booster		Date	Comments
Diptheria				Chickenpox Scarlet Fever		
Pertussis (Whooping Cough)				Rheumatic Fever		
Tetanus				Diabetes		
Polio-Oral				Anemia (sickle cell)		
Polio-Salk				Parasites (worms-type)		
Measles (Rubeola)				Allergy (type?)		
Smallpox				Seizures		
Mumps				Injury, Fracture		
German Measles (Rubella)				Operation		
Other				Other (specify)		
Tuberculin Test (Type)				Negative (), Positive (), X-Ray?		

B. PHYSICAL EXAMINATION Height Weight Blood Pressure

Check ( ) ONLY If Abnormal or Needs Follow-Up				Physician's Comments, Finding, Tests (Space on other side)
Nutrition				
Neurologic				
Orthopedic (include arches)				
Skin, Scalp				
Eyes	R	L		
Visual Acuity	R	L		Has Glasses? Contact Lenses?
Color Vision				
Ears	R	L		
Auditory Acuity	R	L		Has hearing aid?

Check ( ) ONLY	If Abnormal or Needs Follow-Up		Physician's Comments, Findings, Tests (Spaces on other side)
Nose, Throat			
Mouth, Teeth			
Glands, Thyroid			
Heart, Lung			
Abdomen			
Genitalia			

C. LABORATORY (If needed) Hemoglobin GM. Hematocrit % Urine Feces

D. PHYSICAN CHECK ( ) Box:	NO	YES	Physician's Comments (Space on other side)
Emotional/Mental/Behavior Problem*			
Health Habits Problem**			
Physical Handicap -- Limits Activity			
Restriction Needed			
Encourage Participation			
Other Handicap/Disability			
Seizures			
On Medication ( )			
Follow-Up Recommended			
Follow-Up Completed			

This student has completed the immunizations required Yes ( ) No ( ) and in my opinion is free of any communicable disease and may be admitted to school Yes ( ) No ( )

Student's Usual Physician _____ Examining Physician _____
Phone _____ Examining Physician Phone _____ License No. _____

In my opinion this student is ( ), is not ( ) physically qualified to participate in athletics ( ), other (specify) _____ as of _____ date _____
License No. _____ Phone _____ Examining Physician _____

APPENDIX T

SAMPLE RELEASE OF LIABILITY AGREEMENT

Release of Liability Agreement

This agreement releases the:

1. _____ (school) and Administrators
2. _____
   Health Occupation Program (Specific Program)
3. all participating health agencies and designated clinical areas,
4. all supervisory personnel, and
5. the instructor or coordinator of the Health Occupations Education Program, from any and all liability for any injury incurred during the hours of classroom, clinical experience or observation in the Health Occupations Education Program, including the time concerned with travel to and from the clinical areas.

Any violation of school regulations during the time in travel to, from or while participating in the program experiences may exclude the student from participating in the program.

_____ _____
Student Date

_____ _____
Parent/Guardian Date

APPENDIX U

SAMPLE STUDENT ROTATION FORM

STUDENT ROTATION FORM

Name _____ Agency _____
(student)

School _____ Scheduled _____

MONTH

TRAINING STATION	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1																																				1
2																																				2
3																																				3
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19																																				19
20																																				20

APPENDIX V

SAMPLE WEEKLY REPORT FORM

Appendix V

WEEKLY REPORT

Name _____

Training Station _____

Week Beginning _____ and Ending _____

DAY	HOURS WORKED/TRAINED
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
TOTAL	

Summary of Job Activities: _____

_____

_____

_____

Student's Signature _____ Date _____

APPENDIX W

SAMPLE TIME SHEET FORM

Appendix W

TIME SHEET FOR HOE STUDENT

Location: _____

Name: _____

Clinical Site: _____

Social Security Number: _____

Wages per hour, if applicable: _____

Work Supervisor: _____

DATE:	HOURS WORKED:	TOTAL PAY EARNED: (If Applicable)	DEDUCTIONS: (If Applicable)	NET PAY: (If Applicable
WEEK 1				
WEEK 2				
WEEK 3				
WEEK 4				
WEEK 5				
WEEK 6				

Student's Signature_____ Date _____

APPENDIX X

SAMPLE STATEMENT OF OCCUPATIONAL OBJECTIVE FORM

Appendix X

STATEMENT OF OCCUPATIONAL OBJECTIVE FORM

_____
USOE Code or DOT or CIP

_____
(Date)

Name: _____ Date of Birth: _____

Student's Address: _____

_____

Telephone: _____

School: _____ Grade: _____

This is to certify that I have selected _____ as my occupational objective.

_____
Student's Signature

_____
Principal, Guidance Counselor, or
Teacher
(Signature denotes approval)

This form is to be retained by the teacher until the student has completed or left the program and then it should be placed in the student's permanent record file at the school.

APPENDIX Y

SAMPLE SCHEDULE OF INSTRUCTOR

CLINICAL VISITS FORM

SCHEDULE OF INSTRUCTOR CLINICAL VISITS FORM

Student's Name _____

Period ____ 19___ - 19___ Coordinator_____

PURPOSES OF CALL: #1_____ #2 _____ #3 _____

Name of Student	CALL #1		CALL #2		CALL #3		PROBLEM CALLS (See Special Reports)			EVALUATION CALL	
	Date	Comments	Date	Comments	Date	Comments	Date #1	Date #2	Date #3	Date	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

APPENDIX Z

SAMPLE TEACHER/SUPERVISOR/STUDENT

EVALUATION FORM

TEACHER/SUPERVISOR/STUDENT EVALUATION FORM

Student Name: _____

Address: _____ City: _____ State: _____

Employer's Name: _____ Agency: _____

Student Job Title: _____

Address of Agency: _____ City: _____ State: _____

Dates of Work Experience: From_____ to_____ No. Hrs. Completed _____

WORK PERFORMANCE RATING SCALE (To be completed by employer or immediate employee-supervisor)

Directions: Evaluate the student-employee by circling the appropriate number. The scale proceeds from a LOW of 1 to a HIGH of 5. If an item does not apply, do not circle it. If this job has special requirements not listed, please add below.

PERSONAL QUALITIES

1.	Appearance	1 2 3 4 5
2.	Stamina	1 2 3 4 5
3.	Standards of sanitation	1 2 3 4 5
4.	Emotional maturity	1 2 3 4 5
5.	Enthusiasm	1 2 3 4 5
6.	Intellectual curiosity	1 2 3 4 5
7.	Attitude toward job	1 2 3 4 5

HUMAN RELATIONS

1.	Relationships with employer or supervisor	1 2 3 4 5
2.	Relationships with fellow employees	1 2 3 4 5
3.	Relationships with public	1 2 3 4 5
4.	Ability to accept & follow directions	1 2 3 4 5
5.	Ability to accept criticism	1 2 3 4 5
6.	Ability to communicate	1 2 3 4 5

WORK PERFORMANCE

1.	Attendance and punctuality	1 2 3 4 5
2.	Efficiency and productivity	1 2 3 4 5
3.	Initiative	1 2 3 4 5
4.	Adaptability	
5.	Dependability in completing assigned tasks	1 2 3 4 5
6.	Accuracy of performance	1 2 3 4 5
7.	Ability to develop and use work simplication technique	1 2 3 4 5
8.	Improvement of skills	1 2 3 4 5
9.	Improvement of knowledge	
10.	Gets good results (products)	1 2 3 4 5
11.	Creativity (if applicable)	1 2 3 4 5

GENERAL COMMENTS AND IMPRESSIONS:

Please discuss any outstanding qualities, weaknesses or difficulties. Summarize the overall performance of the student-employee. (Use the back of the sheet if necessary.)

_____

_____

_____

_____

_____

_____

RATING OF WORK PERFORMANCE:

Please check the category which best describes the student-employee's overall work performance. The check may be placed at any point of the scale.

1	2	3	4	5
Unsatisfactory	Marginal	Adequate	Good	Excellent

I (have, have not) discussed these ratings with this employee.

_____ _____ _____

Evaluator's Signature Position/Title Date

FACULTY INSTRUCTOR'S COMMENTS:

_____

_____

_____

_____

Instructor's Signature_____ Date _____

STUDENT ACKNOWLEDGEMENT:

After discussing my work experience with _____, I am aware of the above.

Student's Signature _____

APPENDIX AA

SAMPLE VISITATION/STUDENT CONFERENCE REPORT

VISITATION/STUDENT CONFERENCE REPORT

Please check: Visitation _____

Student Conference _____

Name of Student _____

Date: _____

Training Station _____

Training Sponsor _____

Purpose of Visit or Conference:

Comments:

Student's Signature:_____ Date:_____

Teacher Signature:_____ Date:_____

APPENDIX BB

SAMPLE HEALTH AGENCY SUPERVISOR'S

EVALUATION OF HOE PROGRAM FORM

Appendix BB

HEALTH AGENCY SUPERVISOR'S EVALUATION OF HOE PROGRAM FORM

(This form may also be used by the student to evaluate the HOE program.)

This scale has been prepared so that you can indicate how you feel about the HOE program. PLEASE RESPOND TO EVERY ITEM. In each case, draw a circle around the letter which represents your own reaction as follows:

SA if you strongly agree with the statement
A if you agree but not strongly so
N if you are neutral or undecided
D if you disagree but not strongly so
SD if you strongly disagree with the statement

Remember, the only correct answer is the one which actually represents how you feel about the HOE program.

1.	I am satisfied with the methods used in teaching this program.	SA	A	N	D	SD
2.	My attitude toward this program is favorable.	SA	A	N	D	SD
3.	There is not enough contact between instructor and students in this program.	SA	A	N	D	SD
4.	I like the method used in teaching.	SA	A	N	D	SD
5.	Too much emphasis has been placed on topics that are unimportant.	SA	A	N	D	SD
6.	I can see no advantage of this method of instruction over other methods.	SA	A	N	D	SD
7.	This program exceeds my highest expectation.	SA	A	N	D	SD
8.	Some students benefit more than others from the method of instruction of this program.	SA	A	N	D	SD
9.	I have neutral feelings toward the subject matter of instruction in this program.	SA	A	N	D	SD
10.	The presentation of this program is paced too fast.	SA	A	N	D	SD
11.	I am pleased with the teaching method used for this program.	SA	A	N	D	SD
12.	I am disappointed with this program.	SA	A	N	D	SD

13.	I am forced by the method in this program to spend too much time on trivial issues.	SA A N D SD
14.	Teachers of all similar programs should employ the method used to teach this program.	SA A N D SD
15.	Students do not participate enough in this program.	SA A N D SD
16.	My attitude about the way this program is taught is one of enthusiasm.	SA A N D SD
17.	The method of instruction used in this HOE Program could be improved greatly.	SA A N D SD
18.	This HOE Program has not fulfilled the goals I had for it.	SA A N D SD
19.	I have not had a chance to review the goals and purposes of the HOE Program.	SA A N D SD
20.	The HOE students had the skills to perform at the health agency.	SA A N D SD
21.	The HOE students should have had more skills before placement in a health agency.	SA A N D SD
22.	The attitudes of the teachers were favorable.	SA A N D SD
23.	I believe students interested in health care can benefit from this program.	SA A N D SD

GLOSSARY

Glossary

Advisory Committee Bylaws	Bylaws which may be adopted for the HOE program Advisory Committee.
Area Vocational Center (AVC)	A school usually located in the center of a large geographical area which has several feeder schools and offers specialized vocational programs.
Certificate of Completion	A certificate which is given to the student upon completion of 100 percent of the program.
Child Labor Law	A law designed to prohibit underage students from working in certain occupations and also limits hours of employment.
Clinical Agency	A health agency.
Clinical Experience	Placement of an HOE student during HOE II in a clinical area to perform or observe tasks related to the occupational objective as allowed by the health agency.
Clinical Observation	Rotation of selected students through a health agency for observation during HOE I or II.
Clinical Structure	The relationship of how the clinical experiences are integrated into the total HOE program.
Clinical Supervisor	The individual who directly supervises the student during clinical experiences.
Clinical Visits	Periodic visits made to the health agency by the HOE teacher.

Community Survey	A fact-finding study of community resources in a given time and in a given community to determine employment and educational needs.
Comprehensive High School	A school which provides a comprehensive curriculum.
Conduct Guidelines	Rules of conduct which must be adhered to while participating in an HOE program.
Cover Letter for Community Survey	A letter from the HOE teacher which explains the community survey.
Health Agency	Any institution which provides health care services.
Health Agency Supervisor's Evaluation of HOE Program	A form which may be used to evaluate the HOE program for improvement.
Occupational Analysis	A listing of the tasks to be completed by the student to successfully meet the job requirements for a particular occupation in a given geographical area.
Occupational Competency Profile	A list of competencies which are included in various components of the HOE cluster program as stipulated by the State Department of Education.
On-Site Supervisor	An individual in the Health Agency who supervises the student in clinical experiences.
Physical Examination Form	A form which documents that a student had a physical examination and immunization upon enrollment and/or before clinical experiences.
Profile of Candidate for Clinical Experiences	A form which the teacher may request be completed to show an overall profile of the student.

Program Brochure	A brochure which describes the HOE program.
Program Completer	A student who has completed 100 percent of the HOE program.
Program Leaver	A student who leaves the HOE program prior to completion.
Release of Liability Form	A form which must be signed by the student and parent to release the school, the administration, the health agency and teacher from liability due to misconduct of student.
Schedule of Instructor Clinical Visits	A record of instructor visits to a health agency which may include the purpose of visit, student name, number of visits, and comments.
Standards, Uniform and Dress Code	A listing of suggested requirements which must be followed during enrollment in the HOE program.
State Department of Education Liability Insurance Form	A form available from the State HOE Program Specialist to purchase liability insurance for student.
Statement of Occupational Objective Form	A form which provides the students an opportunity to state his/her choice of an occupation to pursue.
Student Competencies	Competencies which the student learns in the HOE program.
Student Information Release Form	A form which allows the school to release information to employers regarding performance of student.

Student-Parent Agreement	An agreement that the student and parent must sign upon admission to the HOE program which states the responsibilities of the student.
Student-Parent Responsibility for School Property	Regulations regarding lost or damaged school property.
Student Rotation Form	A form which depicts the agency schedule and training station during clinical experiences.
Teacher-Coordinator	Faculty member of local school staff who teaches Health Occupations subject matter to students preparing for employment or further education and coordinates classroom instruction with on-the-job training through clinical experiences in a health agency. The teacher is responsible for the Health Occupations Program in the school.
Teacher/Supervisor/Student Evaluation Form	An evaluation form which may be utlized by the teacher, supervisor and student to evaluate personal qualities, human relations, and work performance of the student.
Time Sheet for HOE Student	A form which the student uses to record Agency, dates, hours worked and wages.
Training Agreement	An agreement between a training program and a health agency.
Training Plan	A plan listing on-the-job learning activities and related classroom instruction with time schedules, study assignments and evaluation.

Vehicle Permit and Release of Liability	A permit to drive a vehicle with responsibility for liability insurance, riders, and release of agency and school personnel from liability.
Visitation/Student Conference Report	A report which may be completed to document a conference which is held between the teacher and student regarding clinical experiences.
Weekly Report	A report which is completed each week by the student and depicts hours and activities in a health agency.